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population, a decrease of 62.3 per cent ; Northumberland, 172 per 100,000, a decrease of 69.1 per cent ; and Lancashire, 149, a decrease of 53.1 per cent. The lowest rates are in Rutland, 78 per 100,000, a decrease of 41.3 per cent ; Westmoreland, 89 per 100,000, a decrease of 36.4 per cent ; and Monmouthshire, 99 per 100,000, a decrease of 47.6. The relation between the sexes in the various counties varies markedly. For England and Wales the male rate in 1895-99 was 153 per 100,000, and the female rate, 115 ; in London the male rate was 225 and the female rate 132 ; and for Warwickshire the figures were 172 and 99. On the other hand, in Lincolnshire, Cumberland, Dorset, Monmouthshire, and South Wales the female death rate exceeded that recorded for males. Finally, Dr. Symons gives some statistics of the house-to-house distribution of tuberculosis in the city of Bath, showing the greater incidence in certain houses, to be expected from the infectious character of the disease.

C.-E. A. WINSLOW.

RECENT SANITARY REPORTS.

Common Fallacies in Municipal Statistics.

The *Twenty-fourth Annual Report of the Health Commissioner of the city of St. Louis*, for the year ending March 31, 1901, is a bulky document containing considerable statistical material. Although the total number of deaths in 1900 was 175 less than in 1899, the death rate calculated on the census population of 575,200 was 17.1, against 15.4 in 1899, calculated on an estimated population of 647,000. It is stated in a foot-note that "The figures of population given above appear in a number of instances — except those for the United States census years — to be little more than guess work, and the mortality percentage based upon them open to question." This is true for many other cities whose officials are less frank than those of St. Louis. The Commissioner brings out one important point in connection with tuberculosis, as follows : "It is well known that a large proportion of the poor of our city carry a small life insurance policy, generally just enough to provide for funeral expenses. If tuberculosis be ascribed as the cause of death, the policies in many of these companies

are wholly, or in part, vitiated; it is at once apparent how important the word 'tuberculosis' becomes to many people. Attempts to influence physicians, even by direct bribes, not to use the word 'tuberculosis' in the death certificate are of common occurrence; the potent argument of 'no insurance, no doctor's fees' is sufficient to prompt the majority of physicians to find other causes of death." The antitoxin statistics are important, but, as in the case of many other cities, they suggest one question. In the six years, 1889-94, there were in St. Louis 5716 cases of diphtheria and croup, and 2027 deaths, giving a fatality of 35.46 per cent; in the six years, 1895-1900, there were 13,593 cases and 2131 deaths, with a rate of 15.67 per cent. That is, the reduced fatality rate is accompanied as in many other cities where, approximately these two periods have been compared, by a great increase in the number of reported cases. Without in any way questioning the general fact of a great reduction of fatality, due to antitoxin, it seems probable to the reviewer that a certain part of this increase in reported cases is not real, but is caused by a greater anxiety to report the disease and secure the benefits of the new treatment. Of much more significance than the general fatality rate is the ratio of only 8.78 deaths to 100 cases among the 2347 persons known to have been treated with antitoxin, furnished by the health department itself, during the last period. This is very striking. The latter part of the report contains a large amount of material which is scarcely worth printing in detail. The analysis of all the individual causes of death, by months and ages, the tables of decedents received from outside the city, the elaborate tables of cases treated at the city dispensary, the city hospital, the insane asylum and the female hospital would be accessible to all who might care to consult them if kept on file at the health office, and they unnecessarily cumber the printed report.

Zymotic Diseases and the School Term.

The *Annual Report of the Board of Health of Cambridge, Mass.*, for 1901 contains, as usual, a model presentation of the statistics of the zymotic diseases. The estimate of population upon which the rates are calculated is obtained, as stated, from the State Board of Health. It would be of great service in increasing the comparability of vital statistics if sanitary authorities in general would thus refer their population estimates to the State boards. The tables of reported

cases of the infectious diseases by weeks are valuable. The following table, extracted from two of those in the report, indicates the effect of the opening of the school term on diphtheria and measles:—

	Week ending —							
	Aug. 3.	Aug. 10.	Aug. 17.	Aug. 24.	Aug. 31.	Sept. 7.	Sept. 14.	Sept. 21.
Cases of Diphtheria	15	9	3	3	7	5	3	2
Cases of Measles	4	0	2	0	0	0	0	0

	Week ending —								
	Sept. 28.	Oct. 5.	Oct. 12.	Oct. 19.	Oct. 26.	Nov. 2.	Nov. 9.	Nov. 16.	Nov. 23.
Cases of Diphtheria	5	9	18	10	19	15	15	14	14
Cases of Measles	0	1	8	2	11	7	12	7	3

The fact that the number of scarlet fever cases reported per 1000 population was 1.07 in 1901 against 1.91 in 1900, while the fatality rate rose from 5.11 to 7.91, and the fact that the number of cases of diphtheria reported fell from 10.00 to 6.53 per 1000, while the fatality rate rose from 7.78 to 9.59, apparently indicates more imperfect reporting in 1901 than in 1900.

The *Twelfth Annual Report of the Board of Health of the City of Fitchburg, Mass.*, for 1901, is a somewhat less modern document than the one just reviewed. Valuable tables are given showing the monthly prevalence of diphtheria, scarlet fever, and typhoid fever for twelve years, which again bring out the fall increase usually attributed to school contagion.

REPORTED CASES OF SCARLET FEVER AND DIPHTHERIA IN FITCHBURG, 1890-91.

	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Scarlet Fever	52	70	56	70	56	36	34	31	34	63	66	56
Diphtheria	34	32	22	35	33	15	23	11	39	55	76	46

The tables following, in which the quarterly percentages of the annual totals of these diseases are calculated out to the second place of decimals, are not very significant. The wisdom of devoting three pages of text and tables to the proportion of houses in which cases of infectious disease occurred, in which the plumbing was defective, may reasonably be doubted, in view of the well-known fact, recently expressed by Mr. A. L. Webster, when he said that, in his opinion, fully 80 per cent of all the houses in New York would show defective plumbing, if severely tested. The usual old-time graphic chart of the principal causes of death is given, with the zymotic diseases (cholera infantum, "membranous croup," typhoid fever, diphtheria, and "la grippe") in red, and the other diseases (including pneumonia, consumption, peritonitis, gastro-enteritis, septicæmia, and diarrhœa) in black. The causes of death which rank fourth and fifth in importance are infantile debility and senile debility, indicating great carelessness in the returns of mortality.

Typhoid Fever and Polluted Water.

The *Annual Report of the Department of Health of Newark, N. J.*, for 1900, contains a significant table of the typhoid fever death rate in Newark and Jersey City in connection with the water supply of those cities.

TYPHOID FEVER DEATHS PER 100,000 INHABITANTS.

Year.	Jersey City.	Water Supply.	Newark.	Water Supply.
1889	—	A	90.0	A
1890	90.8	A	62.8	A
1891	94.5	A	96.4	A
1892	52.4	A	42.1	B
1893	59.8	A	22.2	B
1894	66.1	A	16.6	B
1895	73.6	A	23.1	B
1896	60.9	A and B	20.9	B
1897	21.4	B and C	14.4	B
1898	36.3	B and C	13.2	B
1899	15.0	B and C	27.5	B
1900	21.3	D	20.0	B

A = Passaic River at Belleville (below Paterson and Passaic).

B = Pequannock River.

C = Passaic River at Paterson Falls (above Paterson and Passaic).

D = " " " Little " " " " " "

A Triumph of Sanitation.

The *Report of Vital Statistics of the city of Havana*, for the year 1901, made to the military governor by Major W. C. Gorgas, surgeon, U. S. A., and chief sanitary officer, is one of the few fruits of the Spanish War of which Americans can afford to feel proud. The splendid sanitary work of the United States army in Cuba and Porto Rico forms a bright contrast to the unfortunate conditions in the Asiatic islands. The present report gives evidence of one of the most remarkable revolutions ever effected in the history of sanitary science. The general death rate for the city in 1901 is given as 22.11, a very creditable one. It is hardly fair, however, to compare this rate, as Major Gorgas does in one place, with the war rate of 1898, which was 91.03; or, as he does in another place, with the average of the thirty-one years, 1870–1900, which was 41.95. Between 1882 and 1896 the death rate was only once over 37, and its usual range was between that figure and 29. This would be a fairer basis for comparison, and even this shows a decrease of one-third in total deaths. The race distribution of births and deaths exhibits one curious feature, the low birth rate among the colored population, only 13.67 per thousand, against 23.78 for the whites. The result, in combination with a slightly higher death rate for the colored population, is a net excess of deaths over births in that section of the community amounting to 513, while the native whites have increased by 1740. As regards the infectious disease it appears that an encouraging decrease has taken place since the beginning of the American occupation, as may be seen from the following table:—

DEATHS FROM CERTAIN ZYMOTIC DISEASES, 1892–1901.

	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.	1901.
Tuberculosis . . .	1,528	1,342	1,314	1,623	1,578	1,926	2,794	981	851	900
Malaria	202	240	201	206	450	811	1,907	909	344	151
Typhoid Fever . . .	366	208	100	183	487	679	1,012	140	90	83
Diphtheria, Croup .	84	147	76	25	19	36	23	39	15	25
Small-pox	0	8	216	181	1,004	1,404	168	4	2	0

It should here be noted again, that the amount of disease during the three years, 1896–98, was greatly in excess of the normal. It is evident, however, that the deaths from typhoid fever and tuber-

culosis have been sensibly decreased, as compared with the period prior to 1896. Small-pox was absent from the city, as it is today, in 1885 and 1886, and again in 1892, between sharp epidemic outbreaks. The great triumph of the army surgeons has, however, been in the fight against yellow fever. This disease has been a scourge of Havana for over two hundred years, and the tables published in the report show that during the period, 1856-1900, it caused an average of 751 deaths a year; the maximum, in 1857, was 2058; the minimum, in 1866, 51. Sanitary improvements, up to 1900, had made some difference in its prevalence, but in that year the yellow-fever deaths amounted to 310. The brilliant and devoted work of Dr. Reed, Dr. Carroll, and Dr. Agramonte showed at this time that the bite of a certain mosquito was the means, and, probably, the only means by which this disease could be transmitted. March 1, 1901, an active campaign against the mosquito was begun, involving the inspection by the "Stegomyia Brigade" of 119,537 houses. The result has been that there have occurred between March 1, 1901, and Feb. 15, 1902, only 6 deaths from yellow fever; there has not been a case in the city since Sept. 28, 1901. The records for the last five years will give a fair idea of what this really means.

DEATHS FROM YELLOW FEVER IN HAVANA.

Year.	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
1897 . .	69	24	30	71	88	174	168	102	56	42	26	8
1898 . .	7	1	2	1	4	3	16	16	34	26	13	13
1899 . .	1	0	1	2	0	1	2	13	18	25	18	22
1900 . .	8	9	4	0	2	8	30	49	52	74	54	20
1901 . .	7	5	1	0	0	0	1	2	2	0	0	0

It may be noted that this wonderful triumph of sanitation was made possible, not only by vivisection, but by human vivisection, the demonstration that the mosquitoes really carried the disease being made by allowing them to bite non-immune persons who volunteered for the experiment.

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